

FIT BODY BOOT CAMP

CLIENT GAME PLAN



POINT B: WHERE WE ARE GOING

Question: If I could snap my fingers and fast forward 12 months how would your dream body look and feel?

How long have you been thinking about making this change in your life? _____

What do you feel is your biggest struggle when it comes to losing weight and reaching your fitness goals?

What does a program need to have in place for you to succeed?

(Check the boxes that apply)

- | | |
|---|---|
| <input type="checkbox"/> Accountability | <input type="checkbox"/> A Fun Experience |
| <input type="checkbox"/> Motivation | <input type="checkbox"/> Non-Intimidating Environment |
| <input type="checkbox"/> Support | <input type="checkbox"/> Easy To Follow Nutrition |
| <input type="checkbox"/> Community | <input type="checkbox"/> Time Efficient Workouts |

On a scale of 1-10, how committed are you to achieving your health and fitness goals?

1 2 3 4 5 6 7 8 9 10

If you have a significant other, are they supportive of you reaching your health and fitness goals? *(circle yes or no)*

YES NO

DO NOT WRITE BELOW THIS LINE

INBODY INFORMATION

Today: _____

Healthy Ranges

Goals

Age: _____

Weight: _____

Goal Weight: _____

Height: _____

Body Fat % _____

Goal Body Fat % _____

Weight: _____

Goal Size: _____

Skeletal Muscle Mass: _____

Body Fat Mass: _____

Body Fat % _____

Recap - Full understanding of where you are at and where you want to go.

GOOD FIT FOR OUR PROGRAM?

Are you willing to get outside of your comfort zone?

YES NO

Are you willing to be coached?

YES NO

If we give you the steps required to take you from where you are now to where you want to be, will you stay committed and consistent (We'll be with you every step of the way!)

YES NO

